Visitor Information Form

Name of Visitor: ________________________________

Today’s Date: ____________________ Visit Session: (circle one) 9am  1pm  Other Time of Day

Date of Visit: _______________________

Current Status:  High School Student ___ Transfer Student ___ Graduate Student ___

Street Address: __________________________________________________________

Phone: ___________________________ Email: ____________________________

City: _____________________________ State: ___________________________ Zip Code: ______

Entry Term: _______________________

Current School: ________________________________ Public ___ Private ___

Academic Major: __________________________ 2nd Major: _______________________

Have you ever received information from the university by mail? (circle one)  Yes  No

Additional Comments:

For Office Use Only

FIN AID: ___  FACULTY: ___  CLASS OBSERVATION: ___  LUNCH: ___

_____________________/__________________________  _______________________/____________________
Completed By (Sign/Date)  Entered Into Hobsons/On Calendar (Sign/Date)

Revised 3/2014 - Visitor Relations